

Case Number:	CM14-0017123		
Date Assigned:	04/14/2014	Date of Injury:	02/02/2009
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old female with date of injury of 02/02/2009. The listed diagnoses per [REDACTED] dated 01/21/2014 are: 1. Lumbar spine radiculopathy.
2. Degenerative disk disease of the lumbar spine. According to the report, the patient complains of chronic low back, which radiates into her left lower extremity. She states she is doing well on her current medication regimen. She states she has done well with physical therapy and states she was only authorized for a few visits. She is also currently utilizing a home TENS unit. She currently rates her pain at 8/10 and states that her least pain is 6/10 and worst pain is 10/10. Her current list of medications includes naproxen, Tramadol, Lorcet, Gabapentin, Anaprox, Neurontin, Norco, and Robaxin. She denies any nausea, constipation, or GI upset. The physical examination shows straight leg raise bilaterally is normal at 90 degrees. Palpation of the lumbar facet reveals pain in both sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces (disk) on palpation. The patient's gait appears to be antalgic. The utilization review denied the request on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY QTY: 16.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with low back pain that radiates to her left lower extremity. The treating physician is requesting 16 physical therapy visits. The Chronic Pain Medical Treatment Guidelines Page(s) 98 and 99 on Physical Medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia type symptoms. The physical therapy report dated 10/30/2013 documents that the patient received a total of 24 visits. In the same report, the therapist documents that there is mild increase in pain post therapy and that "(TENS) transcutaneous electrical nerve stimulation help relax her back and decrease pain levels." The patient continues to demonstrate gains and functional mobility decreasing her pain from 6/10 to 4-5/10 post therapy. The treating physician reports on 01/21/2014, "She has done well with the PT, and states she was only authorized for a few visits... She must continue to exercise, and learn a home exercise program." In this case, the patient has received 24 visits to date and when combined with the requested 16 would exceed Chronic Pain Medical Treatment Guidelines recommendations. Given the above the request is not medically necessary.

NORCO 10/325MG QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 79

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89.

Decision rationale: This patient presents with low back pain that radiates to her left lower extremity. The treating physician is requesting Norco. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4As for ongoing monitoring" are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The review of records from 01/21/2013 to 01/21/2014 show that the patient was first prescribed Norco on 01/21/2014. The treating physician documents medication efficacy stating, "The patient continues with her therapeutic medications. She maintains that they do provide her with pain relief and preservation of functional capacity." In this same report, the treater notes that the adverse side effects of the medications were discussed with the patient including signed opioid contract. In this case, while the treater documents functional improvement with the use of medication, no specific ADL's are provided to determine whether or not they are significant. MTUS also require the use of numerical scale to denote function (p68) which is not provided. Pain assessment discussions are not provided and there are no

discussion regarding UDS or cures reports to show opiates monitoring. Therefore the request is not medically necessary.